



DEPARTMENT OF THE NAVY

**NAVY PERSONNEL COMMAND
5720 INTEGRITY DRIVE
MILLINGTON TN 38055-0000**

5720

PERS 00J6/20160546

July 21, 2016

Ms. Mary Schantag
POW Network
102 Vixen Circle
Unit C
Branson, MO 65616

Dear Ms. Schantag:

SUBJECT: YOUR FREEDOM OF INFORMATION ACT (FOIA) REQUEST

This is in response to your Freedom of Information Act (FOIA) request in which you seek a releasable copy of the U.S. Navy Official Military Personnel File (OMPF) documentation pertaining to Matthew J. Philpott. Your request was received in this office on July 21, 2016, has been assigned FOIA case file number CNPC20160546 by this command.

A releasable copy of available responsive documentation is enclosed. The redacted portions of the released documentation is exempt from disclosure under FOIA exemption 6 [5 U.S.C. § 552(b)(6)]. Release of such information would be a clearly unwarranted invasion of the personal privacy of Matthew J. Philpott and other identified individuals.

Because your request may potentially be considered a partially denied by this command, you are advised of your right to appeal this determination in writing to the Office of the Judge Advocate General, OJAG Code 14, 1322 Patterson Avenue SE Suite 3000, Washington Navy Yard, DC 20374-5066.

If an appeal is deemed necessary, it must be received in that office within 60 calendar days from the date of this letter, in order to be considered. To expedite an appeal, you should enclose a copy of this letter and a copy of the original request along with a statement regarding why your appeal should be granted. The letter of appeal and the envelope should bear the notation, "FOIA/PA APPEAL."

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I am the official responsible for the partial denial of your request. Should you wish to discuss the processing of your request by this command, you may contact the undersigned at (901) 874-3165.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. P. German', with a long horizontal stroke extending to the right.

D. P. GERMAN
FOIA/PA Officer
By direction

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.

ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle)

WILCOX, MATTHEW JAMES

2. DEPARTMENT, COMPONENT AND BRANCH

NAVY-USN

3. SOCIAL SECURITY NO.

4.a. GRADE, RATE OR RANK

4.b. PAY GRADE

5. DATE OF BIRTH (YYMMDD)

6. RESERVE OVERSEAS SERVICE DATE

Year NA Month Day

7.a. PLACE OF ENTRY INTO ACTIVE DUTY

7.b. HOME OF RECORD AT TIME OF ENTRY (City and state or complete address if known)

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND

8.b. STATION WHERE SEPARATED

9. COMMAND TO WHICH TRANSFERRED

NA

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

NONE X

X

X

X

X

X

X

X

X

X

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)

NONE X

X

X

X

X

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

NONE X

X

X

X

X

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA
VETERANS' EDUCATIONAL ASSISTANCE PROGRAM

Yes No

15.b. HIGH SCHOOL GRADUATE OR
EQUIVALENT

Yes No

16. DAYS ACCRUED LEAVE PAID

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION

18. REMARKS

THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE
DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR
VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH
THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)

19.b. NEAREST RELATIVE (Name and address - Include Zip Code)

20. MEMBER REQUESTS COPY BE SENT TO

grade, title and

SUPV. BYDIR

21. INFORMATION (For use by authorized agencies only)

DISCHARGE

22. CHARACTER OF SERVICE (Include upgrades)

25. SEPARATION AUTHORITY

26. SEPARATION CODE

27. REENTRY CODE

28. NARRATIVE REASON FOR SEPARATION

29. DATES OF TIME LOST DURING THIS PERIOD

30.

STS COPY 4

Initials

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NAVPER 1070/605 (Rev. 10-89)
RTC SERV-REC SET 1
NETPMSA OVERPRINT